## Referral form to a diabetes prevention program

**Email:** 

**Send to: Fax:** 

PATIENT INFORMA	TION										
First name			Address								
Last name											
Health insurance	2		City								
Gender □ I	Male □ Female		State								
Birth date (mm/	dd/yy)		ZIP code								
Email			Phone								
By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.											
PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)											
Physician/NP/PA Practice contact			Address								
Phone Phone			City								
Fax			State								
	MATION		ZIP code								
	SCREENING INFORMATION  Body Mass Index (BMI) (Eligibility = ≥24* (≥22 if Asian)										
Blood test (chec		Eligible range	2 11 7 (3)(41)	Test result (one only)							
☐ Hemoglobin A1C		5.7–6.4%		reserves are (one only)							
☐ Fasting Plasm		100–125 mg/dL									
_	a glucose (75 gm OGTT)	_									
Date of blood test (mm/dd/yy):											
For Medicare requirements, I will maintain this signed original document in the patient's medical record.											
To medicare regariements, i will maintain this signed original document in the patients medical record.											
Date	Practitioner signature										
OPTIONAL	By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for the purpose of determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law.  I understand that I am not obligated to participate in this diabetes screening program and that this										
	authorization is voluntary.  I understand that I may revoke this authorization at any time by notifying my physician in writing.										
O	Any revocation will not have an effect on actions taken before my physician received my written revocation.										
	Date F	Patient signature									

IMPORTANT WARNING: The documents accompanying this transmission contain confidential health information protected from unauthorized use or disclosure except as permitted by law. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you are not the intended recipient and have received this information in error, please notify the sender immediately for the return or destruction of these documents. Rev. 05/30/14

<sup>\*</sup> These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥23 for Asian Americans and ≥25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

## **BMI** calculation chart

400	78	92	73	71	69	29	65	63	19	59	58	56	54	53	51	20	49	48	l	ater
,				. 69						58			53				48	, 95		or grea
390																Ĩ	Ĭ	Ĩ		Extreme Obesity: 40 or greater
380	72			29											49		46	45		e Obes
370	72	70	89	99	64	62	09	58	56	55	53	52	20	49	48	46	45	44		Extrem
360	77	89	99	64	62	09	58	57	55	53	52	20	49	48	46	45	44	43		Red
350	69	99	64	62	09	28	57	22	53	52	20	46	48	46	45	44	43	42		
340	29	64	62	09	29	22	22	53	52	20	49	48	46	45	44	43	14	40		
330	9	63	61	29	22	22	53	52	20	49	47	46	45	44	42	41	40	39		6.0
320	63	61	29	22	22	53	52	20	49	47	46	45	44	42	14	40	39	38		30 - 39.9
310	61	29	22	53	53	52	20	49	47	46	45	43	42	41	40	39	38	37		Obese:
300	29	22	22	23	25	20	49	47	46	44	43	42	41	39	39	38	37	36		Orange
290	57	22	53	52	20	48	47	46	44	43	42	41	39	38	37	36	32	34		
280	55	53	51	20	48	47	45	44	43	14	40	39	38	37	36	32	34	33		
270	53	21	20	48	46	45	44	42	14	40	39	38	37	36	35	34	33	32		6
260	51	49	48	46	45	43	42	41	40	39	37	36	35	34	33	33	32	31		25 - 29.
250	49	47	46	44	43	42	40	39	38	37	36	32	34	33	32	31	31	30		Overweight: 25 - 29.9
240	47	45	44	43	41	40	39	38	37	36	32	34	33	32	31	30	59	59		
230	45	44	42	41	40	38	37	36	35	34	33	32	31	30	30	59	28	27		Yellow
220	43	42	40	39	38	37	36	35	34	33	32	31	30	53	28	28	27	56		
210	41	39	38	37	36	35	34	33	32	31	30	59	28	27	27	56	56	22		
200	39	37	36	35	34	33	32	31	30	59	28	28	27	56	25	24	24	24		- 24.9
190	37	36	34	33	32	31	30	59	28	28	27	56	25	25	24	23	23	22		Healthy Weight: 18.5 - 24.9
180	35	34	33	32	31	30	59	28	27	56	25	25	24	23	23	22	21	21		thy Wei
170	33	32	31	30	56	28	27	56	25	25	24	23	23	22	21	21	20	20		
160	31	30	59	28	27	56	25	52	24	23	23	22	21	21	20	19	19	19		Green
150	29	28	27	56	25	25	24	23	22	22	21	21	50	19	19	18	18	17		
140	27	56	25	24	24	23	22	22	21	50	50	19	19	8	18	17	17	16		3.5
130	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15		s than 18
120	23	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14		tht: Les
110	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	13		Underweight: Less than 18.5
100	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12	F		Blue Un
WEIGHT	неіднт 5'0"	5'1"	2.5	2,3"	5'4"	2,2,,	2,6"	2.4.	2.8.	2.6.1	5.10"	5'11"	0.9	6.1	6.2	9		.2.9		8

BMI stands for "BODY MASS INDEX" which is an estimate of total body fat based on height and weight. It is used to screen for weight categories that may lead to health problems. THE GOAL for most people is to have a BMI in the green area. It is usually best for your BMI to stay the same over time or to gradually move toward the green area.